Title
Reply from the authors: Palatal myoclonue in children

Journal
Neurology, 39(6)

ISSN
0028-3878

Author
Baram, TZ

Publication Date
1989

DOI
10.1212/wnl.39.6.877-a

Palatal myoclonus in children

To the Editor: We recently saw a 9-year-old girl with the onset of palatal myoclonus about 14 days after developing (and a few days after resolving) an uncomplicated upper respiratory tract infection. Reviewing the literature, we noted a letter in **Neurology**[1] on this subject. The authors, reporting a 5½-year-old boy, state that "only one other child with palatal myoclonus has been reported: a 7-year-old girl." Our review revealed an additional 4 children who had previously been reported. Litman and Hausman[2] described a 6-year-old boy who had bilateral palatal myoclonus lasting for approximately 10 months before resolving spontaneously. Quarry[3] had previously reported another 6-year-old boy with unilateral findings. Tanaka et al[4] had also described their experience with a 6-year-old boy whose palatal myoclonus disappeared with sleep. Toland et al[5] portrayed a 34-year-old man with the onset of palatal myoclonus at age 5. Over the next several years, this patient evolved a degenerative neurologic disorder. While coincidental diseases are plausible, this case raises the possibility that, in some patients, persistent palatal myoclonus might be a harbinger of neurologic disease that may not manifest itself for decades.

From our review of the English-language literature, case reports of "typical" palatal myoclonus in childhood have been infrequent. Indeed, since 1972, the reports located by our search focused on atypical features: one in which myoclonus occurred bilaterally,[2] one in which the myoclonus disappeared during sleep,[4] one in which there was a temporal relationship between the onset of the myoclonus and acute encephalitis,[1] one in which there was an apparent 30-year time lag between the myoclonus and neurologic degeneration,[5] and one contender for the first report of spontaneous resolution of palatal myoclonus.[6] If typical cases are unlikely to be submitted or published, they may be more frequent than anticipated by the attention afforded in the literature.

Gary N. Fox, MD
Reading, PA

Reply from the Authors: We were pleased to see another report of palatal myoclonus in a child. Unfortunately, Dr. Fox has provided few details about the onset, nature, evaluation, and resolution of palatal myoclonus in his case.

Dr. Fox did not limit himself to neurology journals and found case reports of palatal myoclonus in the otolaryngology literature.[2,3,5] It seems that in this era of "manuscript explosion," the scope of the "literature" depends on the power of the particular computer-aided search used. Thus, utilizing Paperchase, we unearthed a number of series[7-13] and case reports[14-21] of palatal myoclonus in children and adolescents; several were published in French,[17] Polish [16,19] or Italian.[15]

There is probably always a discrepancy between the occurrence and reporting of unusual cases. The aim of our letter was not a literature review; we sought to point out the distinction between palatal myoclonus, a rare entity, and myoclonic epilepsy, and to emphasize that, unlike the usual case in adults, palatal myoclonus can be a harbinger of neurologic dysfunction in children.

Tallie Z. Baram, MD, PhD
Los Angeles, CA

Julie T. Parke, MD
Houston, TX

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